

County: Dodge

Facility ID: 4300

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HOPE HEALTH AND REHABILITATION CENTER

438 ASHFORD AVE, P.O. BOX 280

LOMIRA 53048 Phone: (920) 269-4386

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 42

Total Licensed Bed Capacity (12/31/03): 42

Number of Residents on 12/31/03: 40

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 37

Corporation

Skilled

No

Yes

Yes

37

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.5
Supp. Home Care-Personal Care	No					1 - 4 Years		30.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.0	More Than 4 Years		15.0
Day Services	No	Mental Illness (Org./Psy)	35.0	65 - 74	5.0			----
Respite Care	No	Mental Illness (Other)	7.5	75 - 84	27.5			67.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	5.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.5		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	30.0	65 & Over	95.0	-----		
Transportation	No	Cerebrovascular	2.5		-----	RNs		7.4
Referral Service	No	Diabetes	5.0	Gender	%	LPNs		9.8
Other Services	Yes	Respiratory	2.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.0	Male	17.5	Aides, & Orderlies		
Mentally Ill	No		----	Female	82.5			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	3	100.0	373	16	94.1	118	0	0.0	0	20	100.0	151	0	0.0	0	0	0.0	39	97.5
Intermediate	---	---	---	1	5.9	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	2.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		17	100.0		0	0.0		20	100.0		0	0.0		0	0.0	40	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	12.5	Bathing	0.0	67.5	32.5	40
Private Home/With Home Health	3.6	Dressing	7.5	67.5	25.0	40
Other Nursing Homes	3.6	Transferring	27.5	40.0	32.5	40
Acute Care Hospitals	75.0	Toilet Use	22.5	57.5	20.0	40
Psych. Hosp.-MR/DD Facilities	0.0	Eating	50.0	40.0	10.0	40
Rehabilitation Hospitals	0.0	*****				
Other Locations	5.4					
Total Number of Admissions	56	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.5	Receiving Respiratory Care		10.0
Private Home/No Home Health	27.8	Occ/Freq. Incontinent of Bladder	47.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	3.7	Occ/Freq. Incontinent of Bowel	40.0	Receiving Suctioning		0.0
Other Nursing Homes	13.0			Receiving Ostomy Care		2.5
Acute Care Hospitals	3.7	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	5.0	Receiving Mechanically Altered Diets		27.5
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	0.0	Skin Care		Have Advance Directives		100.0
Deaths	51.9	With Pressure Sores	15.0	Medications		
Total Number of Discharges		With Rashes	2.5	Receiving Psychoactive Drugs		57.5
(Including Deaths)	54					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.1	84.6	1.04	80.3	1.10	88.1	1.00	87.4	1.01
Current Residents from In-County	80.0	75.5	1.06	75.6	1.06	69.7	1.15	76.7	1.04
Admissions from In-County, Still Residing	32.1	18.9	1.70	26.7	1.20	21.4	1.50	19.6	1.64
Admissions/Average Daily Census	151.4	152.9	0.99	109.6	1.38	109.6	1.38	141.3	1.07
Discharges/Average Daily Census	145.9	154.8	0.94	108.9	1.34	111.3	1.31	142.5	1.02
Discharges To Private Residence/Average Daily Census	45.9	63.8	0.72	28.0	1.64	42.9	1.07	61.6	0.75
Residents Receiving Skilled Care	97.5	94.6	1.03	77.5	1.26	92.4	1.05	88.1	1.11
Residents Aged 65 and Older	95.0	93.7	1.01	92.5	1.03	93.1	1.02	87.8	1.08
Title 19 (Medicaid) Funded Residents	42.5	66.0	0.64	52.5	0.81	68.8	0.62	65.9	0.64
Private Pay Funded Residents	50.0	19.0	2.63	41.3	1.21	20.5	2.43	21.0	2.39
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	42.5	31.3	1.36	40.0	1.06	38.2	1.11	33.6	1.27
General Medical Service Residents	10.0	23.7	0.42	14.4	0.70	21.9	0.46	20.6	0.49
Impaired ADL (Mean)	52.0	48.4	1.07	47.9	1.09	48.0	1.08	49.4	1.05
Psychological Problems	57.5	50.1	1.15	56.9	1.01	54.9	1.05	57.4	1.00
Nursing Care Required (Mean)	7.2	6.6	1.10	6.0	1.19	7.3	0.99	7.3	0.98